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Bib Data Sheet

CONFIRMATION NO. 1817

|   |   |                               |   |                                      |
|---|---|-------------------------------|---|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/692,970  | <b>FILING OR 371(c) DATE</b><br>10/24/2003<br><b>RULE</b>   | <b>CLASS</b><br>528           | <b>GROUP ART UNIT</b><br>1711   | <b>ATTORNEY DOCKET NO.</b><br>4775-4 |
| <b>APPLICANTS</b><br>David A. Boyles, Rapid City, SD;<br>John T. Bendler, Annapolis, MD;  |   |                               |   |                                      |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/421,299 10/24/2002 and claims benefit of 60/456,615 03/21/2003   |   |                               |   |                                      |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |                                      |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 09/08/2004   |   |                               |   |                                      |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged | Examiner's Signature <i>[Signature]</i><br>Initials   | <b>STATE OR COUNTRY</b><br>SD | <b>SHEETS DRAWING</b><br>9  | <b>TOTAL CLAIMS</b><br>39            |
|   |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>5       |
| <b>ADDRESS</b><br>27111   |   |                               |   |                                      |
| <b>TITLE</b><br>Monomers containing at least one biaryl unit and polymers and derivatives prepared therefrom  |   |                               |   |                                      |
| <b>FILING FEE RECEIVED</b><br>1142  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |